

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Dr</i>		04-05-01
O.I.P.E. CLASSIFIER	<i>7/2</i>	1020	9-13-01
FORMALITY REVIEW			10/14/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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09/10/01